Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

		CLAIMS AS	(Column					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20			*	Г	RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		* 20			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		* 24			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			_	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II										•	OTHER		
	(0.52) Z.O. VIII (0.27)	(Column 1)	100 (000000)	(Colu	mn 2) HEST	(Column 3)		SMALL		OR	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT A</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	*** PENDEN	T CLAIM	=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
							_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								0011.1 221		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	N.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	*	Minus	**		=		X\$ 9=		ÓR	X\$18≃		
4ME	Independent	*	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	TCLAIM			+140=		OR	+280=		
							L	TOTAL		ΛP	TOTAL		
					-0	(0.1	Al	DDIT. FEE		J	ADDIT. FEE		
	(*)	(Column 1) CLAIMS			mn 2) ⊣EST	(Column 3)	_			ı	-	·	
ENT C		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T CL AIM	=-		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULITE DE	CINDEN	CLAIM			+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OD.	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													